

PARALEGAL SPECIALIST
DESIGNATED OFFICE
108-6422

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(DO NOT USE WITH FORM PTO-676)

SERIAL NO. 10/070,931 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL IND.		13				
TOTAL DEP.	11	14				

TOTAL
DEP.
11
TOTAL
IND.
13
TOTAL
DEP.
14

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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